

**Minutes of the Health Select Committee
Wednesday 31st July 2024 at 6.00pm
In Committee Room 2, The Council House, Priory Road,
Dudley**

Present:

Councillor C Reid (Vice-Chair) (In the Chair)
Councillors E Cobb, P Dobb, J Foster, I Kettle, C Littler, K Westwood

Dudley MBC Officers:

Dr M Abu Affan (Director of Public Health and Wellbeing), S Dougan (Head of Children, Young People, Adults and Older People), M O'Meara (Senior Health Improvement Practitioner) and G Gray (Democratic Services Officer)

Also in attendance:

E Davies, (Head of Quality Improvement) – Black Country Healthcare NHS Foundation Trust
C Green, (Chief Nurse) – Black Country Healthcare NHS Foundation Trust
N Bucktin - Black Country Integrated Care Board

1. **Chairs Introductions**

The Chair invited all Members and Officers to make introductions.

2. **Apologies for Absence**

Apologies for absence from the meeting were submitted on behalf of Councillors A Aston, B Collins, M Hanif, P Lee (online observer) and I Sandall (online observer).

The Chair, Members and Officers provided their best wishes to Councillor M Hanif on his recovery.

3. **Appointment of Substitute Members**

It was reported that Councillors J Foster and C Littler had been appointed to serve as substitute Members for Councillors M Hanif and A Aston, respectively, for this meeting of the Committee only.

4. **Declarations of Interest**

Councillor K Westwood declared a pecuniary interest in any matters directly affecting her employment with the Dudley Group NHS Foundation Trust.

5. **Minutes**

Councillor J Foster referred to Minute No. 66 (b) – page 20 of the Agenda paragraph two clarifying that the Cabinet Member for Public Health had stated that it was typical of Labour to throw money at the problem, and it was felt that this information needed to be reflected and recorded.

Resolved

That, subject to the amendment referred to above, the minutes of the meeting held on 25th April, 2024, be confirmed as a correct record, and signed.

6. **Public Forum**

Councillor J Foster commented on behalf of a number of the residents with regard to High Oak Surgery and raised a number of queries in relation to what progress had been made towards opening the consulting rooms at High Oak Pharmacy and commented that in view of the significant time since it had been agreed for High Oak to remain open with limited services, when would the pharmacy be opening, in particular availability of the range of services the pharmacy would provide to residents.

In response N Bucktin, Black Country Integrated Health Board advised that he was of the view that the updated information would be provided by Dudley Integrated Health and Care NHS Trust and that he would consult with the Chief Executive of Dudley Integrated Health Care to provide a briefing note regarding the update.

7. **Programme of Meetings and Business Items for 2024/2025**

Members of the Committee considered the programme of meetings and potential items of business for the Health Select Committee during

the 2024/25 municipal year together with the Terms of Reference.

Councillor J Foster stated that in view of the profile given to the High Oak Surgery previously, she requested that an item concerning the High Oak Surgery be considered at a future meeting of the Health Select Committee.

Councillor P Dobb noted that there were several business items to be considered that had been included within the work programme and observed that to produce effective Scrutiny working, Agenda items should be streamlined to only a few items.

Resolved

- (1) That the report of the Lead for Law and Governance on the programme of meetings and business items for 2024/25, be noted.
- (2) That the Lead for Law and Governance, following consultation with the Chair and Vice-Chair, be authorised to make all necessary arrangements to enable the Committee to undertake its work during the 2024/25 municipal year.
- (3) That the terms of reference for the Select Committee, as set out in the Appendix, be noted.
- (4) That the request for consideration of the item regarding the High Oak Surgery outlined above be included in the programme of business for 2024/25.

8. **National Health Service (NHS) Quality Accounts 2023/24**

The Committee considered the published Quality Reports and Accounts of the Black Country Healthcare NHS Foundation Trust for 2023/24, including the priorities set out for their services for the forthcoming year.

The Director of Public Health and Wellbeing explained that each provider was requested to provide an annual description of the quality of services, the challenges faced throughout the year and priorities for the forthcoming year for Members consideration.

The Head of Quality Improvement, Black Country Healthcare NHS Foundation Trust, referred to the Quality Account that had been circulated to all partners and advised that the Quality Account was a retrospective view of the previous year concerning the quality of services and provided a detailed update on quality initiatives and key priorities.

Following the presentation of the report, Members made comments and asked questions and responses were provided, where necessary as follows: -

- (a) In response to a question raised by Councillor C Reid concerning what areas had been identified for improvement, the Chief Nurse, Black Country Healthcare NHS Foundation Trust, advised that improvements had been made within each pathway, which included a new build within Older People Services to improve the quality of estates and investments to reduce waiting lists within Children and Young People Services, to ensure that intervention for children with severe mental health and neurodevelopmental needs were targeted.

The Chief Nurse, Black Country Healthcare NHS Foundation Trust further explained that there had been improvements and new buildings within the Adult Working Age Service and that there was a national quality improvement programme in place, namely Culture of Care to ensure services were of high quality and for patients to be within hospital for the least amount of time. The Community Mental Health Adult Teams were investing in Community Services to deliver increased access, to support people with symptom and social recovery and that the Learning Disability Services were working on physical healthcare to ensure life expectancy to be as high as possible for patients.

In relation to Transition Services for 18 to 25-year-olds, it was advised that work had been carried out to provide opportunities to get people back into work, to provide support to people for learning and to help people with the need for psychological support to get into occupation and vocation and it was stated that there were integrated strategies with partners within Older People Services to obtain rapid access to dementia diagnosis.

In relation to coexisting substance misuse, which was a notable problem within the area, it was advised that work would be carried out with Public Health, and it was noted that significant work had been undertaken with physiotherapists and occupational health therapists, and as a result the improvement of waiting times within Child Health Services, had decreased substantially.

The Chief Nurse, Black Country Healthcare NHS Foundation Trust explained that the trust strategy would be revised, and that the new strategy would include the feedback that had been provided by patients.

- (b) Councillor C Reid commented that in relation to mental health for adults and children there was a large need for the input from Public Health in view of long waiting lists in particular in relation to Child and Adolescent Mental Health Services (CAMHS) and services provided for Adults Mental Health in particular treatment received from the Crisis Team.

In response the Chief Nurse, Black Country Healthcare NHS Foundation Trust advised that an item regarding waiting times for children and young people and in particular CAMHS was scheduled to be brought to a future meeting of this Committee. It was noted that the national requirement for waiting times was from 18 weeks to 4 weeks and that Dudley's waiting time for urgent access was ahead of target currently at 5 weeks. It was explained that the main issues for the longest waiting time lists were for people with neurodivergent needs without a risk profile associated and who required educational or wider needs and it was advised that demand was being recognised nationally, therefore, government were being approached to provide investment towards the lack of resources available.

The Director of Public Health further commented that in addition the Mental Health Trust were working jointly on the last stages of a Boroughwide Mental Health Needs Assessment that was being carried out by Wolverhampton Community Department at Wolverhampton University with a strong focus on mental health and wellbeing and prevention.

- (c) Councillor I Kettle raised a query in relation to the Quality Account noting that there were no financial figures included. Councillor I Kettle further commented that General Practitioner's Surgeries were considered to be inundated, however, waiting rooms were empty; that online appointments were being offered to patients, and believed that some medical conditions could be missed. Councillor I Kettle further relayed his own experiences within Russell's Hall Hospital and raised concerns regarding poor communication, parking charges at the hospital, the conduct of staff and the lack of presence of management within Wards and queried who was responsible for what services.

In response the Chief Nurse, Black Country Healthcare NHS Foundation Trust advised that the issues raised concerning Councillor Kettle's personal experiences with the crisis team could

be explored outside of the Committee and clarified that Black Country Healthcare who were responsible for the Mental Health Learning Disability Services had worked in collaboration with Russells Hall Hospital, to ascertain patient's views and concerns.

The Chief Nurse, Black Country Healthcare NHS Foundation Trust explained that the Quality Account was to assess the quality standards set by the National Health Service (NHS) and advised that the annual accounts assessed the financial, operational and quality elements of the services. In relation to car parking charges, it was acknowledged that acute Trusts do charge for parking, however, the Black Country Healthcare, Mental Health and Elderly organisations had made an active decision not to charge for parking on their wards.

It was noted that in relation to General Practitioner's Surgeries, there were Primary Mental Health workers who worked alongside General Practitioners (GP's) who would offer face to face appointments as well as other opportunities to consult with patients.

Resolved

That the Quality Report and Accounts of NHS Providers for 2023/24 and the priorities as set out for the services for the forthcoming year be received and noted.

9. **Financial Wellbeing and Mitigating Poverty Strategy 2024-2034**

A report of the Director of Public Health and Wellbeing was submitted to request comments and views on the draft Financial Wellbeing and Mitigating Poverty Strategy 2024-2034. The Head of Children, Young People, Adults and Older People outlined the report and in doing so advised that the Strategy was in development and requested Members to provide their views and comments to help shape the Strategy prior to the Strategy being considered by the Cabinet.

It was reported that the increase in the cost of living had put pressures on achieving financial wellbeing, therefore, as part of the crisis response, Dudley had received over £50m from the National Government towards the Household Support Fund, which provided vouchers and money to people to help pay for essential items. Discussions had been carried out previously at meetings of the Select Committee in relation to the need to recover from the poverty crisis and to address prevention and early intervention, which was set out within the Strategy.

The Strategy recognised that there were groups that were disproportionately impacted by poverty and poor financial wellbeing including single parent household, families with children with special educational needs, people living with disabilities, serious mental illness and those that were care experienced young people.

It was advised that wide engagement with statutory partners and community and voluntary sectors had been undertaken to set out the content of the Strategy together with feedback received from the Household Support Fund and the Head of Children, Young People, Adults and Older People outlined the three main themes of the Strategy namely:

- Preventing Poverty, which provided a focus on future generations and preventing children and young people from growing up in poverty
- Helping People Out of Poverty, which focussed on employment, skills, keeping people in work and developing private public sector partnerships
- Mitigating the Impacts of Poverty, which included welfare advice and the distribution of the Household Support Fund together with food poverty, fuel poverty and furniture poverty.

It was noted that the three main themes would be achieved through community development, focus on workforce resilience and optimising communications.

It was advised that an action plan had been developed across the partnership including the voluntary sector and that the Strategy would set out 16 objectives together with an outcome measure for each of the three objectives. It was recognised that the objectives would be impacted by the national economy, however, work was being undertaken to improve Dudley's position.

The Head of Children, Young People, Adults and Older People further outlined work that had been undertaken and the objectives for the three themes as set out within the report submitted.

The Director of Public Health and Wellbeing clarified that the Strategy would be Borough wide and would work alongside front-line providers and communities.

- (a) Councillor C Reid raised concerns regarding how the welfare information would be implemented, communicated and accessible to residents in view of the closure of Dudley Council Plus and given

that there were waiting times to obtain appointments at the Citizens Advice Bureau.

In response the Director of Public Health and Wellbeing advised that there was a mitigation plan together with other options that would be put in place and that Dudley Council Plus would be decentralising rather than a full closure.

Councillor J Foster further clarified that it had been proposed for the central location of Dudley Council Plus to close, however, there was the aspiration for local hubs to be established for people with complex needs or who were digitally excluded, however there were some concerns in relation to the range of services the local hubs would provide.

- (b) In relation to the Household Support Fund (HSF), Councillor J Foster commented that £50m had been granted, however, information with regard to what the funding had utilised for had not been provided. Councillor J Foster further commented that concerns had been raised regarding numerous residents who were unable to access funding in view of the application communication lines for residents to apply for the funding only being open for half an hour and the short time it took for funding to be distributed.

Councillor J Foster requested Officers provide figures in relation to how many households had been supported and to provide data on the percentage of residents who were receiving help and what extent of help was being provided to cover resident's needs.

In response the Head of Children, Young People, Adults and Older People advised that as part of the grant funding there was an obligation by Government to have an application process in place and it was recognised that the application process was not ideal. It was noted that £400,000 of the £2.6m received had been allocated towards the application process and that the remaining funding had been distributed through multiple routes, which included the cost-of-living hubs with the explicit aim to help residents who were unable to apply online.

It was explained that evidence could be submitted regarding the number of households who had received any type of funding and what type of households they were, and it was acknowledged that it would be useful to obtain information on specific identifiable data

on households. It was stated that it would be very difficult to obtain the information as there was no mechanism currently in place to capture that data.

Councillor J Foster further queried whether there was any possibility of that the data being captured.

In response the Head of Children, Young People, Adults and Older People advised that General Data Protection Regulation (GDPR) would need to be taken into consideration with regard to the collection of the individual level of data for each household and was mindful that there would be some residents that would be reluctant to provide the information, however, although there would be a significant amount of administration that would need to be undertaken for the data collection of names and households, and that could be investigated.

- (c) Councillor J Foster raised a further question in relation to funding that had been distributed to charities and other organisations and whether there had been full take up from residents through this route and in particular people who were digitally excluded, vulnerable or who had complex needs, and whether they knew where the funding had been distributed to enable them to access the support needed.

In response the Head of Children, Young People, Adults and Older People explained that a different approach had been undertaken within the voluntary sector during the HSF 5; that larger amounts had been distributed to multiple voluntary sector organisations, namely Black Country Food Bank, Provision Health and Baby Banks on the basis that the charities would sign post or help residents to obtain wider support, in the event there would be no further HSF funding beyond September. It was advised that across all the HSF funding, organisations were required to provide a quarterly report together with estimates on spending and that funding would be distributed to services with a higher demand should organisations evidence that they had underspent.

- (d) Referring to Page 51 of the report submitted and in particular the objective on improving school readiness, Councillor I Kettle commented that the development of younger children within a school year could take up to 12 months and that families were using the pre-school year to help in obtaining a school place, therefore,

many children were attending school earlier and raised a question regarding how data was collected for the development for children at five years of age. Councillor I Kettle further suggested that to help development, it could be beneficial to investigate a split year within schools.

In response the Head of Children, Young People, Adults and Older People explained that the data was collected through standardised tools, namely the Ages and Stages Questionnaire, which was carried out for children at 9 to 12 months old, 2 to 2 and a half years old and then one undertaken whilst the child was in reception. It was acknowledged that there was evidence that suggested children born within the summer term were less developed, however, this was true throughout the country, and that should there be a significant number of summer born babies within Dudley in comparison to the numbers nationally, it would not explain the reasons why Dudley had lower levels of good development. It was further advised that in terms of a split year within schools, that would need to be considered by the Department for Education (DfE) or Children's Services.

- (e) Councillor E Cobb raised concerns from residents in regard to issues regarding housing, the impact it had on residents mental and physical health and the length of time for issues to be resolved.

In response the Head of Children, Young People, Adults and Older People acknowledged that there were significant pressures within the Housing Section and advised that issues would need to be considered by the Director of Housing and Communities and the Housing Team.

It was noted that within the Strategy there would be a focus on working with Housing Teams in relation to fuel poverty and having warm secure houses. It was recognised that there was limited funding, however, Dudley had obtained grants to help with ongoing issues.

- (f) Councillor E Cobb questioned whether there were any plans to include initiatives within the Strategy that involved green socials prescribing, including community walks or Action Heart.

In response the Head of Children, Young People, Adults and Older People explained that the Dudley Council Voluntary Service (DCVS) were commissioned by the Integrated Care Boards (ICB) to

include teams of social prescribers, and that work was carried out on physical activity, park activators and making use of green and blue spaces as part of the Health Improvement Services, together with community walks and commissioning for Action Heart.

Resolved

- (1) That the information contained in the report and appendices to the report submitted on the Financial Wellbeing and Mitigating Poverty Strategy 2024-2034, be noted.
- (2) That the Head of Children, Young People, Adults and Older People be requested to provide further details to Members on the collection of data of the names and households in receipt of the Household Support Funding.

10. **Proposals to move Services from The Poplars to Brierley Hill Health and Social Care Centre**

The Committee considered a report submitted in relation to the proposal to move services from The Poplars to Brierley Hill Health and Social Care Centre.

The Chief Nurse, Black Country Healthcare NHS Foundation Trust outlined the report and in doing so advised that as part of the Restoration Strategy the Trust were moving towards rationalisation and it was considered that The Poplars building was no longer fit for purpose, therefore, it was proposed for the new Community Mental Health Services, which included patient contact, group work, social recovery and green activity to be moved within an integrated building. It was noted that time scales and consultation with regard to working with people to support them in the transfer were outlined within the report submitted.

- (a) A question was raised by Councillor C Reid in relation what support would be provided for people, in particular people with mental health issues.

In response the Chief Nurse, Black Country Healthcare NHS Foundation Trust advised that information regarding informing patients had been outlined within the report, however, it was agreed to meet with people outside The Poplars to walk with them to the new facility and provide patients with confidence. It was noted that there had been no negative feedback received regarding the transfer and that the building was in a poor state with limited heating.

- (b) In response to a question raised by Councillor C Reid, it was clarified that The Poplars building was leased from Dudley Council, the building had been maintained, with the building being outdated and no longer fit for purpose.

Resolved

That the proposal to move Services from The Poplars to Brierley Hill Health and Health Social Care Centre, be agreed on the basis that it did not amount to a substantial change.

11. **Questions from Members to the Chair under (Council Procedure Rule 11.8)**

There were no questions to the Chair pursuant to Council Procedure Rule 11.8.

The meeting ended at 6.55pm

CHAIR